

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION

1

FOR APPLICANT TO FILL IN

BUILDING ADDRESS <i>San Pedro</i>				CITY <i>San Pedro</i> ZIP <i>90274</i>			
SIZE OF LOT		NO. OF BLDGS. NOW ON LOT		TRACT <i>34034</i>		BLOCK	
OWNED		TEL. NO.		LOT NO. <i>6</i>		OWNER <i>Melillo-Cummins</i>	
ADDRESS <i>2276 Estribo</i>				CITY <i>RNE</i> ZIP <i>90274</i>			
ARCHITECT OR ENGINEER <i>Jaime Smith</i>				TEL. NO. <i>3732880</i>			
ADDRESS <i>3855 PC Hwy</i>				CONTRACTOR <i>Owner</i>			
ADDRESS				LIC. NO. <i>26616</i>			
CITY				LIC. CLASS <i>B1</i>			
CONSTRUCTION LENDER NAME AND BRANCH							
ADDRESS <i>504</i>				CITY			
SQ. FT. <i>1981</i>		NO. OF STORIES <i>2</i>		NO. OF FAMILIES <i>1</i>		CHECK ONE	
SIZE <i>2513</i>						<input checked="" type="checkbox"/> ADD <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOL	
DESCRIPTION OF WORK <i>Single family attached garage</i>							
USE OF EXISTING BLDG.							
APPLICANT (PRINT) <i>DAN MELILLO</i>				TEL. NO. <i>831-8000</i>			
BY (SIGNATURE) <i>Dan Melillo</i>							
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING BUILDING CONSTRUCTION. I CERTIFY THAT IN DOING THE WORK AUTHORIZED HEREBY I WILL NOT EMPLOY ANY PERSON IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA IN RELATING TO WORKMEN'S COMPENSATION INSURANCE.							
SIGNATURE OF PERMITTEE <i>Dan Melillo</i>				ADDRESS <i>2276 Estribo</i>			
CITY <i>R.A.C.</i>				TEL. NO. <i>831-8000</i>			
VALUATION \$ <i>74,400</i>				<i>98,500</i>			

BUILDING ADDRESS <i>442 S. Arcadia Drive</i>				LOCALITY <i>San Pedro</i>			
NEAREST CROSS ST. <i>Arcadia</i>				ASSESSOR MAP BOOK			
DISTRICT <i>12</i>		GROUP <i>R3</i>		TYPE CONST. <i>V</i>		PAGE	
FIRE ZONE <i>3</i>		PROCESSED BY <i>Burley</i>		SEWER MAP		BK <i>PG</i>	
STATISTICAL CLASSIFICATION				CLASS NO. <i>00</i>		DWELL. UNITS <i>+1</i>	
USE ZONE <i>R1</i>		MAP NO. <i>4123</i>		SPECIAL CONDITIONS <i>21 34034</i>			
ROAD DEPARTMENT APPROVAL REQUIRED						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
BLDG. SETBACK FROM FRONT PROP. LINE OF _____ (STREET)							
HIGHWAY		+ YARD =		TOTAL SETBACK FROM FRONT PROP. LINE		TYPE OF HIGHWAY	
		+ =				EXISTING WIDTH	
BLDG. SETBACK FROM SIDE PROP. LINE OF _____ (STREET)							
HIGHWAY		+ YARD =		TOTAL SETBACK FROM SIDE PROP. LINE		TYPE OF HIGHWAY	
		+ =				EXISTING WIDTH	
CORNER CUTOFF				YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>	
IN OPEN SPACE				YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>	
IN COASTAL PERMIT ZONE				YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>	
PLAN 2(R) ELEV B.							
FINAL DATE <i>12/14/79</i>				BY <i>Carl</i>			
P.C. Fee \$ <i>304.80</i>				Permit Fee <i>477.00</i>			
<i>+ 76.80</i>				Issuance Fee <i>7.00</i>			
				Total Fee <i>484.00</i>			

PLAN CHECK VALIDATION

CK. M.O. CASH

PERMIT VALIDATION

CK. M.O. CASH

299 FEB 3A 23 304.80

977 AUG 10A 1

484.00

976 AUG 10A 23 76.80

zue

INSPECTOR COPY

PLANS TO APPLICANT					INSPECTOR'S NOTES	
TO:		RETURNED		APPROVED		
NO	DATE	NO	DATE			
APPROVALS		REQUIRED		DATE RECEIVED OR APPROVED		
		YES	NO			
WATER CERTIFICATE						
HEALTH DEPARTMENT						
FIRE DEPARTMENT						
GRADING						
GEOLOGICAL						
PEDESTRIAN PROTECTION (FENCE) (CANOPY)						
SPECIAL INSPECTION (CONC.) (MASNRY.) (WELDG.)						
LOT DRAINAGE						
PARKING						
APPROVALS	DATE	INSPECTOR'S SIGNATURE				
LOCATION- (SETBACK & YARDS)	11-1-78	<i>[Signature]</i>				
FOUNDATIONS	4/24/79	<i>[Signature]</i>				
FRAME	5/17/79	<i>[Signature]</i>				
LATH/DRYWALL INTERIOR						
LATH-EXTERIOR						
HOUSE NUMBER- CORRECT & POSTED						
INSUL	5-3-79	<i>[Signature]</i>				
FINAL- ENTER ON FRONT	12/14/79	<i>[Signature]</i>				

APPLICATION FOR ELECTRICAL PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

1

FOR APPLICANT TO FILL IN

New Residential Bldgs. & Pools

1 & 2-Family, Sq. Ft. 3117

Multi-family Sq. Ft. _____

Residential Swimming Pools _____

Outlets: Rec. _____ Light _____ Sw. _____

First 20 _____

Total No. _____ Additional _____

Lighting Fixtures _____

First 20 _____

Total No. _____ Additional _____

Fixed Appliances Not Over 1 HP

Range _____ Heater _____ D.W. _____

Oven _____ Dryer _____ W.M. _____

Top _____ FAU _____ W.H. _____

Hood _____ Fan _____ Other _____

Disp. _____ Room Air Cond. _____

Power Apparatus & Large Appliances

Size & Type HP, KW, KVA, or KVAR

_____ Up to 1 Incl. _____

_____ Over 1 to 10 Incl. _____

_____ Over 10 to 50 Incl. _____

_____ Over 50 to 100 Inc. _____

_____ Over 100 _____

Services

0 - 200 Amp. Under 600 V _____

201-1000 Amp. Under 600 V _____

Over 1000 Amp. or Over 600 V _____

Temp. Power Pole & Appurtenances _____

Sign with One Branch Circuit _____

Additional Sign Branch Circuits _____

Misc. Conduits & Conductors _____

Other (See Complete Fee Schedule) _____

PERMIT FEE

(Sub-Total)

PLAN CHECKING FEE

(One-Fourth Permit Fee)

PERMIT ISSUING FEE

\$7.00

TOTAL FEE

JOB ADDRESS

LOCALITY

NEAREST CROSS ST.

OWNER OR FIRM NAME

MAIL ADDRESS

CITY

Tel. No.

PLAN CHECK APPLICANT

ADDRESS

CITY

Tel. No.

PERMIT APPLICANT

ADDRESS

CITY

Tel. No.

PERMIT APPLICANT

ADDRESS

CITY

Tel. No.

LICENSE OR REG. NUMBER

Class.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING ELECTRICAL WIRING.

I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.

PERMITEE SIGNATURE

DISTRICT NO.

PROCESSED BY

INSPECTION INFORMATION ON REVERSE SIDE

PLAN CHECK VALIDATION

PERMIT VALIDATION

INSPECTION INFORMATION ON REVERSE SIDE

PLAN CHECK VALIDATION

PERMIT VALIDATION

INSPECTION INFORMATION ON REVERSE SIDE

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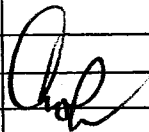
P.S.

INSPECTION FINALED

date:

By

244.61

APPROVALS	DATE	INSPECTOR'S SIGNATURE
TEMP. POWER POLE	4/25/09	
UNDERSLAB WORK		
ROUGH CONDUIT		
WIRING		
FIXTURES		
POWER AUTHORIZED		
UTILITY CO. NOTIFIED		
FINAL	<i>Enter on Front</i>	

NOTES

100803
#000005
52080V

APPLICATION FOR PLUMBING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN (PRINT OR TYPE)				BUILDING ADDRESS	
NUMBER	FIXTURE OR ITEM	@	FEE		
3	WATER CLOSET		9 00	LOCALITY 442 ARCADIA BL	
2	BATH TUB		6 00	NEAREST CROSS ST. SAN PEDRO	
	SHOWER			OWNER	
3	LAVATORY		15 00	MAIL ADDRESS	
1	SINK		3 00	CITY TEL. NO.	
	DISHWASHER			CONTRACTOR DE SANTO Plumbing	
1	CLOTHES WASHER		3 00	ADDRESS 1934 RECONDELA BL.	
	SWIMMING POOL RECEPTOR			CITY SAN PEDRO TEL. NO. 8335170	
	LAWN SPRINKLER SYSTEM			STATE LICENSE NO. 283256 LIC. CLASS C 36	
1	WATER HEATER		3 00		
1	GAS SYSTEM 6 OUTLETS		3 75		
	OUTLETS OVER 5 PER SYSTEM				
1	Removal tray		3 00		
Plan check fee					
PLUMBING PERMIT ISSUING FEE \$				7 00	
TOTAL FEE				52 75	
Plan check applicant					
Name					
Address					
City Tel. No.					
<p>I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING PLUMBING.</p> <p>I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF, AND INTEND TO RESIDE IN THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.</p>					
SIGNATURE OF PERMITTEE Nick De Santo					
DISTRICT NO.			PROCESSED BY		
12.0			J.		
INDUSTRIAL WASTE APPROVAL					

APPROVALS	DATE	INSPECTOR'S SIGNATURE
UNDER SLAB WORK		
ROUGH PLUMBING	4/27/79	Cob
GAS PIPING		
GAS VENT		
HOT WATER HEATER		
PLUMBING FIXTURES		
GAS TEST	9/13/79	Cob
UTILITY CO. NOTIFIED		
FINAL	12/14/79	Cob

PLAN CHECK VALIDATION

PERMIT VALIDATION

2519.2A

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INSPECTOR COPY

APPLICATION FOR PERMIT
HEATING - VENTILATING - AIR CONDITIONING

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN
(PRINT OR TYPE ONLY)

NO.	TYPE OF APPLIANCE OR EQUIPMENT	FEE	
	ABSORPTION UNIT, BTU _____		
	AIR HANDLING UNIT, CFM _____		
	BOILER, BTU _____		
	COMPRESSOR, BTU _____		
	VENTILATION SYSTEM _____		
	EVAPORATIVE COOLER _____		
1	FURNACE: FAU <input checked="" type="checkbox"/> GRAVITY FLOOR _____ BTU <u>75</u>	10	00
	HEATER: SUSPENDED _____ UNIT WALL _____		

Plan check fee 25% of above.

PERMIT ISSUING FEE \$	7	00
TOTAL FEE	17	00

PLAN CHECK APPLICANT

NAME

ADDRESS

CITY

TEL. NO.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING HEATING, VENTILATING, AIR CONDITIONING.

I HEREBY CERTIFY THAT I AM NOT ACTING IN VIOLATION OF CHAPTER 9, DIVISION 3, OF THE BUSINESS AND PROFESSIONAL CODE OF THE STATE OF CALIFORNIA.

SIGNATURE OF PERMITTEE Forrest Rye

DISTRICT NO.

PROCESSED

12 00

Ji

BUILDING ADDRESS 442 A RCADIA DR
LOCALITY Co
NEAREST CROSS ST. _____
OWNER CIMINO
MAIL ADDRESS _____
CITY _____ TEL. NO. _____
CONTRACTOR ELY & SONS
ADDRESS 13126 SO PRAIRIE
CITY HAWTHORNE TEL. NO. 675-7055
STATE LICENSE NO. 366492 LIC. CLASS C-20

APPROVALS

DATE

INSPECTOR'S SIGNATURE

ROUGH

FINAL

12/14/79 Ely

INSPECTION RECORD

PLAN CHECK VALIDATION

PERMIT VALIDATION

22081A

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1 • • 17.00

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1010-79

INSPECTOR COPY

WORKER'S COMPENSATION CERTIFICATION

I certify that I will be responsible for the work to be done under this permit and that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.

I further certify that if during the course of construction under this permit I should become subject to Worker's Compensation requirements, I will file the required certificate of insurance and realize that failure to do so will necessitate suspension of the permit. I have received an explanation of the limits and conditions of this certificate and have read and fully understand them.

Signature

Lawrence Ely

Title

Owner Contractor

Date

10/10/79

APPLICATION FOR PERMIT SEWER - SEWAGE DISPOSAL

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN

BUILDING ADDRESS	442 Acadia Ave.		
LOCALITY	County S.P.		
NEAREST CROSS ST.	3rd Belmont		
OWNER	Mellillo & Cimmino		
MAIL ADDRESS	2276 Estrada Dr.		
CITY	R.H.E.	TEL. NO.	831-8000
LEGAL DESCRIPTION	LOT NO.	34034 b	
BLOCK	TRACT		
SIZE OF LOT	NO. OF BLDGS. NOW ON LOT		
USE OF BUILDINGS			

CONTRACTOR	SENA CONST		
ADDRESS	1036 RADWAY		
CITY	LA PUENTE	TEL. NO.	333-3711
STATE LICENSE NO.		LIC. CLASS	

NO.	DESCRIPTION OF WORK	FEE
1	HOUSE SEWER CONNECTING TO PUBLIC SEWER	11 00
	SEPTIC TANK, SEEPAGE PIT OR PITS AND/OR DRAINFIELD	
	HOUSE SEWER CONNECTING TO PRIVATE DISPOSAL SYSTEM	
	CONNECT ADDITIONAL BLDG. OR WORK TO HOUSE SEWER	
	OVERFLOW SEEPAGE PIT, DRAINFIELD EXTN., CESSPOOL, DRYWELL, MANHOLE	
	ALTER, REPAIR OR ABANDON HOUSE SEWER OR DISPOSAL SYSTEM	

OWNER'S AUTHORIZATION	Permit	\$	7 00
	TOTAL FEE		18 00

I HAVE AT THIS DATE A CONTRACT WITH THE HEREIN NAMED CONTRACTOR TO CONNECT THE ABOVE DESCRIBED EXISTING DWELLING TO THE PUBLIC SEWER.

SIGNED THIS 22 DAY OF MAY 1979
OWNER OR OWNERS AGENT Mellillo Const.
ADDRESS 2276 Estrada Dr.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING PLUMBING AND SEWERS.
I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF, AND INTEND TO RESIDE IN, THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.

SIGNATURE OF PERMITTEE Ron Mellillo

DISTRICT NO.	GROUP	MAP	PG	PROCESSED BY
12	R3	BK		JB

CONNECTION DATA	
STATION	2+85 DEPTH 16
MANHOLE REFERENCE	72.96' S of
TYPE OF CONNECTION	LENGTH FROM M.L. TO P.L.
CURB	
CO. IMP. NO.	P.C. NO. 95-42 JOB NO.
TRUNK PERMIT NO.	ROAD PERMIT NO. 301210
AFFIDAVIT	WAIVER EASEMENT RECORD. INSTR. NO. DATE

HWY. OR ST. WIDENING
STATE ENCROACHMENT PERMIT NO.
INDUSTRIAL WASTE APPROVAL

CHARGES
CONNECTION CHARGE FEE
REIMBURSEMENT FEE

APPROVALS	DATE	INSPECTOR'S SIGNATURE
NEW HOUSE SEWER	12/19/79	Chab
CONNECT ADDITIONAL BUILDING OR WORK		
SEPTIC TANK, SEEP, PIT(S) AND/OR DRAINFIELD		
CESSPOOL <input type="checkbox"/> DRYWELL <input type="checkbox"/>		
ALTER, REPAIR, SEWER OR SEWAGE DISPOSAL SYSTEM		
DISCONNECT PLUG AND ABANDON HOUSE SEWER		
BACKFILL SEPTIC TANKS <input type="checkbox"/> SEEP, PIT(S) <input type="checkbox"/> CESSPOOLS <input type="checkbox"/>		

VALIDATION

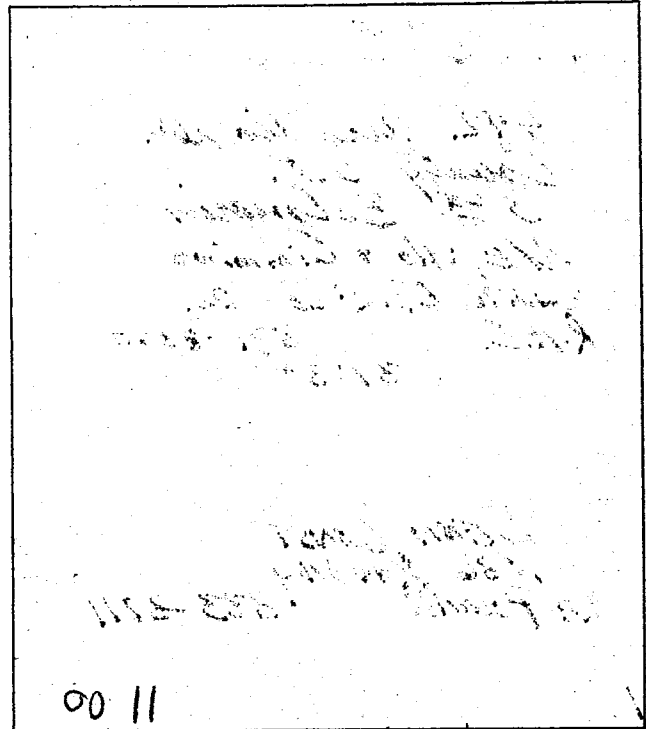
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INSPECTOR COPY

FOR DEPARTMENT USE

REQUIRED INFORMATION

1. INDICATE ALL BUILDINGS ON PROPERTY.
2. INDICATE AND DIMENSION SEWAGE DISPOSAL SYSTEM WITH TIE DISTANCES TO BUILDINGS AND PROPERTY LINES.
3. INDICATE SIZE OF SEPTIC TANK-DEPTH OF SEEPAGE PIT(S) - SIZE OF CESSPOOL(S).
4. INDICATE NORTH DIRECTION ON PLOT.
5. INDICATE BOTH STREETS IF CORNER.



ST. ALLEY R/W

FIELD NOTES

005
00 01

Handwritten notes in the field notes section, including the words "Handwritten" and "Notes" and some illegible scribbles.